

BEFORE THE HONORABLE BOARD OF PATENT APPEALS AND INTERFERENCES
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) : Gorsev Pristine
APPLICATION NO. : 10/733,345
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IN A HOSPITAL EMERGENCY ROOM
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APPEAL BRIEF

United States Patent and Trademark Office
P.O. Box 1450
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Honorable Board:

This Appeal Brief is further to the Notice of Appeal filed April 19, 2010, and in support of the appeal from the final rejection set forth in the Office Action mailed on January 21, 2010. The fee for filing a brief in support of an appeal is enclosed.

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Real Party In Interest: The name of the real party in interest is Medisolve Inc.

Related Appeals and Interferences:

There are no related appeals or interferences.

Status of Claims:

Claims 1 - 18 (Rejected)

Claims 1 - 18 are being appealed.

Status of Amendments:

No amendment to the claims were filed subsequent to the final rejection.

Summary of Claimed Subject Matter:**Claim 1**

Independent claim 1 relates to a computing device¹ for location proximal to a waiting area of a hospital emergency room and for intake of a patient in the hospital emergency room. The computing device comprises a touch-screen² operable to receive input by allowing the patient to depress active portions³ along the surface of the touch-screen, the touch screen further operable to display⁴ information to the patient. The computing device further comprises a set of headphones⁵ connected to the computing device for presenting audio output to the patient. The computing device is configured to receive an identification of the patient⁶ and a preferred language of the patient⁷. The computing device is further operable to present on the touch screen at least one main question⁸ and a plurality of dependent questions⁹ presented based on a response to the main question and responses to previous dependent questions. The questions are presented in the preferred language of the patient¹⁰.

(Continued on next page)

¹ Reference 54 in paragraph [0041] and Figure 2

² Reference 90 in paragraph [0041] and Figure 2

³ Paragraph [0041], paragraph [0045] and "Next" in Figure 5

⁴ Paragraph [0041]

⁵ Reference 102 in paragraph [0041] and Figure 2

⁶ Reference 315 in paragraph [0045] and Figure 3

⁷ Reference 305 in paragraph [0044] and Figure 3

⁸ Reference 320 in paragraph [0047] and Figure 3

⁹ References 345 and 320 in paragraph [0052] and Figure 3

¹⁰ Paragraph [0047]

Claim 1 (continued)

The questions pertain to an intake procedure of the patient to the hospital¹¹. The computing device is further operable to receive responses to each of the questions by touch screen input from the patient¹². The computing device is further operable to generate an intake report¹³ based on the responses in a preferred language of a hospital staff member¹⁴ responsible for further processing of the intake of the patient.

¹¹ Paragraph [0047]

¹² Reference 325 in paragraphs [0048], [0052] and Figure 3

¹³ Reference 360 in paragraph [0058] and Figure 3; Figure 11

¹⁴ Paragraph [0058]

Claim 8

Independent claim 8 relates to a method¹ in a computing device² for location proximal to a waiting area of a hospital emergency room. The computing device comprises a touch-screen³ operable to receive input by allowing depression of active portions⁴ along the surface of the touch-screen. The touch screen is further operable to display information⁵. The method is a method for intake of a patient in the hospital emergency room, and comprises the steps of: receiving input from the touch screen representing a preferred language of the patient⁶; receiving input from the touch screen representing an identification of the patient⁷; presenting an intake question⁸ to the patient on the touch-screen; receiving response input from the touch screen⁹ representing a response to the intake question; repeating the presenting¹⁰ and the receiving response input¹¹ steps based on responses to previous intake questions until a desired number¹² of intake question responses have been received; and generating an intake report¹³ in a preferred language of a hospital staff member¹⁴ responsible for further intake of the patient.

¹ Reference 300 in paragraph [0043] and Figure 3

² Reference 54 in paragraph [0041] and Figure 2

³ Reference 90 in paragraph [0041] and Figure 2

⁴ Paragraph [0041], paragraph [0045] and "Next" in Figure 5

⁵ Paragraph [0041]

⁶ Reference 305 in paragraph [0044] and Figure 3

⁷ Reference 315 in paragraph [0045] and Figure 3

⁸ Reference 320 in paragraph [0047] and Figure 3

⁹ Reference 325 in paragraph [0048] and Figure 3

¹⁰ References 345 and 320 in paragraph [0052] and Figure 3

¹¹ Reference 325 in paragraph [0052] and Figure 3

¹² Reference 340 in paragraph [0051] and Figure 3

¹³ Reference 360 in paragraph [0058] and Figure 3; Figure 11

¹⁴ Paragraph [0058]

Claim 15

Independent claim 15 relates to a computer readable media¹ for storing programming instructions for use with a computing device² for location proximal to a waiting area of a hospital emergency room. The computing device comprises a touch-screen³ operable to receive input by allowing depression of active portions⁴ along the surface of the touch-screen. The touch screen is further operable to display information⁵. The computing device further comprises a method⁶ for intake of a patient in the hospital emergency room.

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¹ Paragraph [0041], “personal computer”

² Reference 54 in paragraph [0041] and Figure 2

³ Reference 90 in paragraph [0041] and Figure 2

⁴ Paragraph [0041], paragraph [0045] and “Next” in Figure 5

⁵ Paragraph [0041]

⁶ Reference 300 in paragraph [0043] and Figure 3

Claim 15 (continued)

The method comprises the steps of: receiving input from the touch screen representing a preferred language of the patient⁷; receiving input from the touch screen representing an identification of the patient⁸; presenting an intake question⁹ to the patient on the touch-screen; receiving response input from the touch screen¹⁰ representing a response to the intake question; repeating the presenting¹¹ and the receiving response input¹² steps based on responses to previous intake questions until a desired number¹³ of intake question responses have been received; and generating an intake report¹⁴ in a preferred language of a hospital staff member¹⁵ responsible for further intake of the patient.

⁷ Reference 305 in paragraph [0044] and Figure 3

⁸ Reference 315 in paragraph [0045] and Figure 3

⁹ Reference 320 in paragraph [0047] and Figure 3

¹⁰ Reference 325 in paragraph [0048] and Figure 3

¹¹ References 345 and 320 in paragraph [0052] and Figure 3

¹² Reference 325 in paragraph [0052] and Figure 3

¹³ Reference 340 in paragraph [0051] and Figure 3

¹⁴ Reference 360 in paragraph [0058] and Figure 3; Figure 11

¹⁵ Paragraph [0058]

Claim 16

Claim 16 relates to a system¹ for intake of a patient in a hospital emergency room. The system comprises at least one computing device² associated with a waiting area of the hospital emergency room. The computing device comprises a touch-screen³ operable to receive input by allowing the patient to depress active portions⁴ along the surface of the touch-screen. The touch-screen is further operable to display information⁵ to the patient. The computing device further comprises a set of headphones⁶ connected to the computing device for presenting audio output to the patient. The computing device is configured to receive an identification of the patient⁷ and a preferred language of the patient⁸, and further operable to present on the touch screen at least one main question⁹ and a plurality of dependent questions¹⁰ presented based on a response to the main question and responses to previous dependent questions. The questions are presented in the preferred language of the patient¹¹.

(Continued on next page)

¹ Reference 50 in paragraph [0039] and Figure 1

² Reference 54 in paragraph [0041] and Figure 2

³ Reference 90 in paragraph [0041] and Figure 2

⁴ Paragraph [0041], paragraph [0045] and "Next" in Figure 5

⁵ Paragraph [0041]

⁶ Reference 102 in paragraph [0041] and Figure 2

⁷ Reference 315 in paragraph [0045] and Figure 3

⁸ Reference 305 in paragraph [0044] and Figure 3

⁹ Reference 320 in paragraph [0047] and Figure 3

¹⁰ References 345 and 320 in paragraph [0052] and Figure 3

¹¹ Paragraph [0047]

Claim 16 (continued)

The questions pertain to an intake procedure of the patient to the hospital¹². The computing device is further operable to receive responses to each of the questions by touch screen input from the patient¹³, and to generate an intake report¹⁴ based on the responses in a preferred language of a hospital staff member¹⁵ responsible for further processing of said intake of said patient. The system further comprises an intake server¹⁶ for connection to the computing devices and for receiving intake reports generated thereby. The system further comprises a plurality of treatment room clients¹⁷ connected to the intake server. The treatment room clients include an output device¹⁸ operable to present the intake reports. The server is operable to direct the intake reports to an appropriate one of the treatment room clients according to a prioritization criteria¹⁹.

¹² Paragraph [0047]

¹³ Reference 325 in paragraphs [0048], [0052] and Figure 3

¹⁴ Reference 360 in paragraph [0058] and Figure 3; Figure 11

¹⁵ Paragraph [0058]

¹⁶ Reference 58 in paragraph [0039] and Figure 1

¹⁷ References 74₁ – 74_o in paragraph [0040] and Figure 1

¹⁸ References 82₁ – 82_o in paragraph [0040] and Figure 1

¹⁹ Paragraph [0058]

Grounds of Rejection to be Reviewed on Appeal:

Claims 1-18 stand rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Publication No. 2002/0077865 (Sullivan) in view of U.S. Patent No. 6,151,581 (Kraftson).

Arguments:

Rejection of claims 1-18 under 35 U.S.C. 103(a)

Claims 1-18 stand rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Publication No. 2002/0077865 (Sullivan) in view of U.S. Patent No. 6,151,581 (Kraftson).

Claim 1

As discussed below in detail, neither Sullivan nor Kraftson, taken alone or in combination, satisfy all the limitations of Applicant's claims 1, 8 and 15. Further, the requisite rational underpinning in support of the combination of Sullivan and Kraftson has not been furnished.

Missing Limitations

Applicant notes that in order to support a rejection under 35 U.S.C. 103(a), the Examiner must show that the cited art satisfies each and every limitation of the rejected claim:

When determining whether a claim is obvious, an examiner must make "a searching comparison of the claimed invention – including all its limitations – with the teaching of the prior art." *In re Ochiai*, 71 F.3d 1565, 1572 (Fed. Cir. 1995) [emphasis added]. Thus, "obviousness requires a suggestion of all limitations in a claim." *CFMT, Inc. v. Yieldup Intern. Corp.*, 349 F.3d 1333, 1342 (Fed. Cir. 2003) (citing *In re Royka*, 490 F.2d 981, 985 (CCPA 1974))."

Ex Parte Wada and Murphy, Appeal No. 2007-3733, Bd. Pat. App. & Inter., January 14, 2008. Because the Examiner's asserted combination of art fails to satisfy at least one limitation of Applicant's claim 1, the obviousness rejection is improper and should be withdrawn.

The Examiner alleged at page 3 of the Final Office Action of January 21, 2010 (the "Final Action") that Sullivan discloses the entire passage of claim 1 reading, "wherein said computing device is configured to receive ... responsible for further processing of said intake of said patient". In support of that allegation, the Examiner simply cited Sullivan's abstract and paragraph [0125]. Neither of the cited passages of Sullivan nor any other passage of Sullivan satisfy the following limitation of claim 1:

"...further operable to present on said touch screen at least one main question and a plurality of dependent questions presented based on a response to said main question and responses to previous dependent questions..." (the "First Missing Limitation")

Indeed, the Examiner conceded further down on page 3 of the Final Action that Sullivan fails to satisfy the First Missing Limitation. The Examiner asserted at pages 3 and 10 of the Final Action that Kraftson discloses the First Missing Limitation at column 6, lines 19-31 and at column 22, lines 42-58. Applicant submits that Kraftson, like Sullivan, fails to satisfy the First Missing Limitation. The cited portion of Kraftson's column 6 is reproduced below for convenience:

"FIG. 1 further shows a second data collection section based on a hand-held computer data collection process. The system includes a remote Electronic Patient Data-collection System (E-PDS) 103 based on a hand-held computer which provides electronic forms that are to be completed by a patient and/or physician during a treatment session at a physician's practice 120, a host device 107, which may be implemented on a personal computer, for reading the survey information responses from the E-PDS 103 and translating these into a Physician/Patient data, an E-PDS

Interface 114 for information downloading from/uploading to the E-PDS 103 through host device 107, and a Forms Library 115 for storing electronic forms to be loaded into E-PDSs 103."

The passage of Kraftson reproduced above describes the processing of "electronic forms". No mention whatsoever is made of a "main question" or "dependent questions", or indeed of any questions. The second passage cited by the Examiner reads as follows:

"FIG. 21 is an exemplary flow chart of a sub-routine program which enables data entry for a predetermined set of survey questions which have yes/no answers. When the Q9 handle event is enabled at step 2101, a test is whether the survey form is to be drawn on the screen at step 2102. If so, the form is drawn at step 2103; if not, a test is made at step 2104 if a data entry event has been made. If so, a test is made to determine if the "next" data value was pressed at step 2105; If so, then at step 2106 the data entry is tested for a "no" value. If the data value is not "no", then the value is tested for a "yes" value at step 2108. If the answer is not "yes" at step 2108, then an error value is displayed at step 2109; If the answer is "yes", then at step 2110 the update database routine is called for selected questions, and the last form of the group is loaded. If the answer at step 2106 was a "no", then at step 2107 the update database routine is called and the next form is loaded."

This second passage describes Kraftson's Figure 21, which shows "a sub-routine program which enables data entry for a predetermined set of survey questions which have yes/no answers" (*emphasis added*). The flowchart of Figure 21 shows that if a "No" value is detected at step 2106, a database is updated and the next form is loaded. If a "Yes" value is detected at step 2106, the database

is updated and the "last form of the group" is loaded. Thus, which form to load next is determined only once, solely on the basis of the yes/no answer to a single question. Kraftson's "form Q12" is described as the last form in a group, suggesting that there would be no opportunity for further questions. Kraftson does not provide any discussion of the handling of "form Q10" (described as the "next form"). In contrast, the First Missing Limitation calls for a plurality of dependent questions presented based on a response to a main question and responses to previous dependent questions (see, for example Applicant's Figures 6-8). At best, Kraftson presents a question depending on the answer to a single previous question. No further decisions are provided in the above-recited passages of Kraftson. Thus, Kraftson clearly cannot present a plurality of dependent questions based on a response to a main question and responses to previous dependent questions.

Therefore, neither Sullivan nor Kraftson, alone or in combination, satisfy the First Missing Limitation. Because no other teaching of this limitation was asserted, the rejection of claim 1 under 35 U.S.C. 103 cannot be maintained and should be withdrawn for at least the above reasons.

In addition, neither Sullivan nor Kraftson satisfy at least the following limitation of claim 1:

"said device further operable to generate an intake report based on said responses in a preferred language of a hospital staff member responsible for further processing of said intake of said patient" (the "Second Missing Limitation")

The Examiner alleged at page 3 of the Final Action that the Second Missing Limitation is provided by Sullivan's abstract and paragraph 125. At page 10 of

the Final Action, the Examiner also cited Sullivan's paragraphs [0132]-[0134] and alleged that "Sullivan's templates containing fields into which data may be entered is an art recognized equivalent to applicant's preferred intake reports".

It is unclear from the claim rejections which elements of Sullivan the Examiner considers to be equivalent to Applicant's intake report. Sullivan's abstract makes no mention whatsoever of a report, much less an intake report, and in the absence of any supporting arguments from the Examiner, the relevance of the abstract is therefore not clear. Paragraphs [0125] and [0132]-[0134] all mention reports. However, those reports cannot possibly be intake reports, as they depend entirely on events which take place after patient intake, such as patient discharge, for example (see paragraph [0132] of Sullivan). Applicant's intake report is clearly set out as a report generated during patient intake – that is, when a patient is being admitted to (for example) a hospital emergency room and therefore prior to treatment or discharge. Sullivan's reports, as described at paragraph [0134], are used for the purposes of "assessments, teaching, litigation, etc. regarding what actions were specifically taken by the user, and whether certain observations were made." There cannot possibly have been any "actions taken by the user" until after patient intake is already complete.

Further, paragraphs [0125] and [0132]-[0134] of Sullivan are entirely unrelated to the "templates" mentioned by the Examiner at page 10 of the Final Action. Sullivan's Figure 2 and paragraph [0092] provide a template with fields into which data may be entered. As described in paragraph [0092], however, the template is "displayed on the communication device 18 when diagnosing a patient" (*emphasis added*). As those of skill in the art would readily appreciate, a patient cannot possibly be diagnosed by medical personnel until after patient intake is complete. Thus, Sullivan's diagnosis-related templates are clearly not an art recognized equivalent to Applicant's intake report.

In summary, it is not clear whether the Examiner intended to cite Sullivan's reports or templates – two clearly different elements – as being equivalent to Applicant's intake report. In any event, neither of these distinct elements can possibly satisfy the Second Missing Limitation for at least the reasons set out above. Kraftson also fails to make any mention of intake reports. The forms mentioned by Kraftson are for completion during a treatment session (see column 6, lines 2-3), which is necessarily after patient intake. Thus, neither Sullivan nor Kraftson provide a device operable to generate an intake report, as recited in claim 1. The rejection of claim 1 therefore cannot be maintained and should be withdrawn.

Lack of Rational Underpinning

Applicant also notes that in order to support a rejection under 35 U.S.C. 103, the Examiner must furnish articulated reasoning to support the legal conclusion of obviousness as required by *KSR International Co. v. Teleflex Inc.* The Examiner stated at page 3 of the Office Action that it would be obvious to combine Sullivan and Kraftson and that "the motivation would have been to provide the most effective treatment for a disease or patient problem." It therefore appears that the combination of Sullivan and Kraftson is based on a teaching, suggestion or motivation analysis. Such an analysis must be supported by evidence and reasoned argument that there was a teaching, suggestion or motivation to select and combine features from the cited references. E.g., *In re Lee*, 61 USPQ2d 1430, 1433 (Fed. Cir. 2002). Moreover, the prior art must suggest the desirability of the combination, not merely the feasibility. *In re Fulton*, 73 USPQ2d 1141, 1145 (Fed. Cir. 2004).

The Examiner's stated motivation to combine Sullivan and Kraftson is no more than a fragment of a sentence reproduced from Kraftson. No evidence or

reasoned argument was presented in support of the stated motivation. For example, the Examiner provided no evidence that the asserted combination of Sullivan and Kraftson would in fact result in "the most effective treatment" or even in a more effective treatment than that already provided by Sullivan. Further, no arguments whatsoever were provided demonstrating the feasibility and the desirability of such a combination. The rejection of claim 1 therefore cannot be maintained for at least the above reasons, and should be withdrawn.

Claim 1 is therefore patentable for at least the above reasons.

Claims 2-15

As claims 2-7 all ultimately depend on claim 1, no proper combination of Sullivan and Kraftson can satisfy all the elements of any one of claims 2-7, for at least the reasons set out above in connection with claim 1.

Claim 8 recites limitations similar to the First and Second Missing Limitations discussed above, and claims 9-14 all ultimately depend from claim 8. Therefore, no proper combination of Sullivan and Kraftson can satisfy all the elements of any one of claims 8-14, for at least the reasons set out above in connection with claim 1.

Claim 15 also recites limitations similar to the First and Second Missing Limitations discussed above. Therefore, no proper combination of Sullivan and Kraftson can satisfy all the elements of claim 15 for at least the reasons set out above in connection with claim 1.

For at least these reasons, the rejection of claims 2-15 should therefore be withdrawn.

Claim 16

Claim 16 recites limitations similar to the First and Second Missing Limitations discussed above. Therefore, no proper combination of Sullivan and Kraftson can satisfy all the elements of claim 16 for at least the reasons set out above in connection with claim 1.

In addition, neither Sullivan nor Kraftson satisfy at least the following limitation of claim 16:

"said system further comprising a plurality of treatment room clients connected to said intake server, said treatment room clients including an output device operable to present said intake reports" (the "Third Missing Limitation")

The Examiner asserted at page 9 of the Final Action that Sullivan satisfies the Third Missing Limitation at paragraphs [0075] and [0125]. The cited paragraphs of Sullivan read as follows:

"[0075] The patient data record 22 can be physically stored anywhere. For example, the patient data record 22 can be located in a drive of a portable computer, such as a notebook computer or a personal digital assistant, also providing the input device 12, data processor 16, and communication device 18 for the system. This could be a self-contained system carried by a health care professional and used for medical charting. Alternatively, the patient data record 22 can reside in a remote drive, computer, or server, as shown in FIG. 1, and be accessed via a data link 20."

"[0125] The system 10 records all patient reevaluations. Specifically, the

system 10 records each time the RN time indicator 108 is reset, the time period between each reevaluations, and who performed the reevaluation. The system 10 then later generates a report based on this recorded information that can later be used for assessments, teaching, litigation, etc. For example, the report can be used to access whether a nurse or physician is consistently performing reevaluations beyond the allotted time period."

The Examiner provided no further comments on the relevance of the passages reproduced above to the Third Missing Limitation. Aside from a brief mention of the "system 10" shown in Figure 1, paragraph [0125] makes no mention of any components which could possibly be relevant to Applicant's treatment room clients. Paragraph [0075] mentions the components of Sullivan's system, including an input device, a data processor and a communication device. Those three devices can be, as described by Sullivan at paragraph [0078], provided by a notebook computer or personal digital assistant.

However, Sullivan's notebook computer or personal digital assistant cannot logically be cited as satisfying Applicant's treatment room clients, as the Examiner appears to have already cited the same system including the above-mentioned devices as satisfying Applicant's "computing device". Earlier on page 8 of the Final Action, the Examiner asserted that Sullivan satisfied the limitations of "...at least one computing device associated with a waiting area..." at paragraph [0114]. Again, no further comment was provided as to the relevance of paragraph [0114], but that paragraph does mention Sullivan's "system". It would therefore appear that the Examiner considers the notebook computer or personal digital assistant of Sullivan as satisfying Applicant's computing device and Applicant's treatment room clients. Given that the computing device and treatment room clients are clearly separate, distinct

devices and that Sullivan's system was already cited for the computing device, that same system cannot possibly also satisfy the treatment room clients. The cited portions of Sullivan therefore fail to satisfy the Third Missing Limitation.

Claim 1 is therefore patentable for at least the above reasons.

Claims 17 and 18

As claims 17 and 18 both depend on claim 16, no proper combination of Sullivan and Kraftson can satisfy all the elements of either claim 17 or claim 18, for at least the reasons set out above in connection with claim 16.

For at least these reasons, the rejection of claims 17 and 18 should therefore be withdrawn.

Applicant therefore respectfully requests that the Honorable Board issues a decision overturning the final rejection and remands this application to the Examiner for issuance of a Notice of Allowance and a Notice of Allowability consistent with such decision.

Respectfully submitted,

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Claims Appendix:

Claim 1 (Rejected): A computing device for location proximal to a waiting area of a hospital emergency room and for intake of a patient in said hospital emergency room comprising:

a touch-screen operable to receive input by allowing said patient to depress active portions along the surface of said touch-screen, said touch screen further operable to display information to said patient;

said computing device further comprising a set of headphones connected to said computing device for presenting audio output to said patient;

and wherein said computing device is configured to receive an identification of said patient and a preferred language of said patient, and further operable to present on said touch screen at least one main question and a plurality of dependent questions presented based on a response to said main question and responses to previous dependent questions, said questions presented in said preferred language of said patient, said questions pertaining to an intake procedure of said patient to said hospital, said device further operable to receive responses to each of said questions by touch screen input from said patient, said device further operable to generate an intake report based on said responses in a preferred language of a hospital staff member responsible for further processing of said intake of said patient.

Claim 2 (Rejected): The device of claim 1 wherein said computing device is attachable to a printing device local to said computing device and wherein said report is generated at said printing device.

Claim 3 (Rejected): The device of claim 1 wherein said computing device is connected to an intake server via a network, and wherein said report is delivered to said intake server.

Claim 4 (Rejected): The device of claim 3 wherein said intake server is attachable to a printing device local to said intake server and wherein said report is generated at said printing device.

Claim 5 (Rejected): The device of claim 3 wherein said intake server is connected to a plurality of treatment room client computing devices via said network, and wherein said treatment room clients include an output device.

Claim 6 (Rejected): The device of claim 1 wherein said device is mounted within the housing of a kiosk.

Claim 7 (Rejected): The device of claim 1 wherein said device is a stand-alone personal computer.

Claim 8 (Rejected): In a computing device for location proximal to a waiting area of a hospital emergency room comprising a touch-screen operable to receive input by allowing depression of active portions along the surface of said touch-screen, said touch screen further operable to display information, a method for intake of a patient in said hospital emergency room comprising the steps of:

- receiving input from said touch screen representing a preferred language of said patient;

- receiving input from said touch screen representing an identification of said patient;

- presenting an intake question to said patient on said touch-screen;

- receiving response input from said touch screen representing a response to said intake question;

repeating said presenting and said receiving response input steps based on responses to previous intake questions until a desired number of intake question responses have been received; and

generating an intake report in a preferred language of a hospital staff member responsible for further intake of said patient.

Claim 9 (Rejected): The method of claim 8 wherein said computing device is attachable to a printing device local to said computing device and wherein said report is generated at said printing device.

Claim 10 (Rejected): The method of claim 8 wherein said computing device is connected to an intake server via a network, and wherein said report is delivered to said intake server.

Claim 11 (Rejected): The method of claim 10 wherein said intake server is attachable to a printing device local to said intake server and wherein said report is generated at said printing device.

Claim 12 (Rejected): The method of claim 10 wherein said intake server is connected to a plurality of treatment room client computing devices via said network, and wherein said treatment room clients include an output device, said intake server operable to determine an available one of said treatment rooms and to direct said report to said treatment room client computing device respective to said available one.

Claim 13 (Rejected): The method of claim 8 wherein said computing device is mounted within the housing of a kiosk.

Claim 14 (Rejected): The method of claim 8 wherein said computing device is a stand-alone personal computer.

Claim 15 (Rejected): A computer readable media for storing programming instructions for use with a computing device for location proximal to a waiting area of a hospital emergency room comprising a touch-screen operable to receive input by allowing depression of active portions along the surface of said touch-screen, said touch screen further operable to display information, and a method for intake of a patient in said hospital emergency room comprising the steps of:

- receiving input from said touch screen representing a preferred language of said patient;

- receiving input from said touch screen representing an identification of said patient;

- presenting an intake question to said patient on said touch-screen;

- receiving response input from said touch screen representing a response to said intake question;

- repeating said presenting and said receiving response input steps based on responses to previous intake questions until a desired number of intake question responses have been received; and

- generating an intake report in a preferred language of a hospital staff member responsible for further intake of said patient.

Claim 16 (Rejected): A system for intake of a patient in a hospital emergency room comprising at least one computing device associated with a waiting area of a hospital emergency room and comprising:

- a touch-screen operable to receive input by allowing said patient to depress active portions along the surface of said touch-screen, said touch screen further operable to display information to said patient;

said computing device further comprising a set of headphones connected to said computing device for presenting audio output to said patient; and

wherein said computing device is configured to receive an identification of said patient and a preferred language of said patient, and further operable to present on said touch screen at least one main question and a plurality of dependent questions presented based on a response to said main question and responses to previous dependent questions, said questions presented in said preferred language of said patient, said questions pertaining to an intake procedure of said patient to said hospital, said computing device further operable to receive responses to each of said questions by touch screen input from said patient, said computing device further operable to generate an intake report based on said responses in a preferred language of a hospital staff member responsible for further processing of said intake of said patient;

said system further comprising an intake server for connection to said computing devices and for receiving intake reports generated thereby;

said system further comprising a plurality of treatment room clients connected to said intake server, said treatment room clients including an output device operable to present said intake reports;

said server operable to direct said intake reports to an appropriate one of said treatment room clients according to a prioritization criteria.

Claim 17 (Rejected): The system according to claim 16 wherein said device is a kiosk located in said waiting room.

Claim 18 (Rejected): The system according to claim 16 wherein said device is a wireless portable computing device operable to connect with said server via a wireless network such that a patient en route to said hospital can complete at least some of said questions prior to arrival at said hospital.

Evidence Appendix:

No additional evidence is to be relied upon in the appeal.

Related Proceedings Appendix:

There are no related appeals or interferences.